



**HIT Policy Committee  
Advanced Health Models & Meaningful Use Workgroup  
Final Transcript  
December 2, 2014**

**Presentation**

**Operator**

All lines bridged with the public.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Thank you. Good morning everyone, this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Advanced Health Models & Meaningful Use Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Paul Tang?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Here.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi, Paul. Joe Kimura?

**Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health**

Here.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi, Joe. Alex...I'm sorry, Amy Zimmerman?

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Here.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi, Amy. Art Davidson?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Here.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi, Art. Charlene Underwood? Cheryl Damberg? Devin Mann? Frederick Isasi? Ginny Meadows?

**Ginny Meadows, RN – Executive Director – Program Office – McKesson Provider Technologies**

Here.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi, Ginny.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson Provider Technologies**

Hello.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Jessica Kahn? John Pilotte? Lisa Marsch?

**Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health - Dartmouth College**

Yes, good morning.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi, Lisa. Lisa Patton? Mark Savage?

**Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families**

Here. Good morning.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi, Mark. Marty Rice?

**Martin Rice, MS, BSN – Deputy Director, Office of Health IT & Quality – Health Resources and Services Administration**

Here.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead –Office of the National Coordinator for Health Information Technology**

Hi, Marty. Marty Fattig?

**Marty Fattig, MHA – Chief Executive Officer – Nemaha County Hospital Auburn, Nebraska (NCHNET)**

Good morning, I'm here.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi, Marty. Mike Zaroukian?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Here. Good morning.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi, Mike. Neal Patterson?

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

Good morning, present.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi, Neal. Norma Lang?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Good morning. Here.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi, Norma. Patrice Holtz? Robert Flemming? Shaun Alfreds? Stephan Fihn?

**Stephan Fihn, MD, MPH, FACP – Director, Office of Analytics and Business Intelligence – Department of Veterans Affairs**

Here.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Good morning. Sumit Nagpal?

**Sumit Nagpal – President & Chief Executive Officer – Alere Accountable Care Solutions**

I'm here. Hello.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi, Sumit. Terry O’Malley?

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Here.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi, Terry. And Terri Postma? And from ONC do we have Alex Baker?

**Alexander Baker, MPP – Project Officer, Beacon Community Program, Office of Care Transformation – Office of the National Coordinator for Health Information Technology**

Yup.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi, Alex. And Samantha Meklir?

**Samantha Meklir, MPAff – Senior Policy Advisor - Office of the National Coordinator for Health Information Technology**

Here.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Hi, Sam. Lauren Wu? Okay, and with that, I’ll turn it back to you Paul and Joe.

**Patrice Holtz, RN, MBA – Office of Clinical Standards and Quality – Centers for Medicare & Medicaid Services**

And this is Patrice Holtz from CMMI, I just wanted to add in.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Thank you.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Wonderful, thank you everyone for attending this. We have an abbreviated agenda, in terms of saving people a little bit of time and our main objective, if you go to the next slide, is to review the purpose and objectives of, let’s see, of the workshop and hearing. We’re taking a community-based sort of accountable care arrangement kind of approach. And what we want to do today is talk about some of the structure and domains we want to hear about in this workshop wanting not to repeat things that other people have done, workgroups of this or other FACA committees, and start drafting an outline for the workshop and thinking about potential projects or participants we might want to invite. Next slide, please.

So this is just the agenda for the call. We're going to look at key dimensions, hearing objectives and possible panelists. Next slide, please.

So this is...Joe and I talked with the ONC staff about sort of a way of sort of framing both the accountable care, I mean we're for shorthand calling it the accountable care community instead of thinking about focusing on an organization, which could be physician, could be provider, we're much more focusing on how does the community both understand its health status and works to improve it. This is something that Joe put together, and Joe may actually want to talk this through, perhaps?

**Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health**

Sure. Thanks Paul. So I think as we were thinking about a workshop where we could collect sort of best practices and what's really happening in terms of exchanging information across communities and organizations for accountability. We knew that this could lead us down many, many, many different tangents, so felt that a structure that could help us really ground the discussion and potentially help anchor us in some general concepts would be helpful. And one of the examples that we came up with or sort of a general framework was this four-step concept where at the very top level you have, in the construct of community and care coordination, you have the actual activities and the workflows that are happening that is coordinating care, not just across organizations, but from organizations to the community into the home and even amongst sort of individual patients that's happening in the world itself; the actual care workflows.

But stemming from those workflows, there's the necessary information exchange that is required to help those flows be as optimized as best as possible. And as we think about that information exchange and thinking about the charge of the committee, we then advance to the third level that thinks about, what sorts of measures or metrics could be employed to assess those kinds of sort of care coordination activities that are most relevant towards individuals and community and ultimately that all of those measures and the information exchange is wrapped up together and enabled by a financial model that supports that sort of shared accountability and thinking roughly in these four stages, that the context of the first level and the last level is important as we think about policies from the HIT perspective that we help guide the maturation of the information exchange and measurement.

So, I think we wanted to propose that as an initial framework and see, again from our workgroup perspective, how that resonated.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

And Joe may I...as I look at this, I wonder if I could add a little overarching comment and then I think we will open it up to the group's comments. And that is, I think we might want to make sure we understand the problem to solve first, and that would cause me to think about moving number 3 to number 1. In other words, whatever the community and the individuals in the community need in order to understand and improve their health needs to be the driving force.

So if that were the first step, then you would organize, number 1, coordinated health related activities across all the entities that bear on that and you can think of that everything from care delivery organizations to city councils that write policies that affect the environment that people live in. And then you from that derive the information you need in order to share across the entities participating in raising health status. And finally, as a byproduct, you figure out what the financial model is that would support those activities. People realize that right now we're sort of reversed, the finance, i.e. this

perverse sort of fee-for-service system creates the system that we suffer under and that it really should be a byproduct of what we strive for, which is number 3, the things that measure things that matter to individuals and communities.

**Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families**

Paul, this is Mark, can I throw in a thought as well on this topic?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yes, I think we're open to folks. You know what, Michelle, could we use the hand-raising, because we do have a number of folks on and just share that with me, please?

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Sure, we'll work on that. Thank you.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Go ahead, Mark.

**Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families**

Okay. I sort of...I was looking at the arrows as well and thinking about is this linear; which comes first? And my thought was, in some ways these are interdependent and are mutually influencing...they're influencing each other and so maybe just something that...a model that doesn't have us thinking linearly that one comes after the other would be helpful as well.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Um hmm. Good point. Mike?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Yeah so, thanks, I thought that was a good summary and I resonate very much with what you're saying Paul with regard to moving what matters earlier. For me it all starts with the sort of desired outcomes, which I think relates to this, but then very quickly after that roles and goals and then leadership so that this care coordination has sort of a clear, coordinating leadership component and the roles and goals of each of the members of the coordination team, so to speak, whether community providers, etcetera are included. And that may be incorporated in what is currently number 1, but I would just want to shine a light on it.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Um hmm. Other comments, please. Okay, so with those modifications, do you want to move on? Does it sound like a reasonable "model?" I think the two things we've heard is, one is not to be sequential and the other is to add sort of the people role...the roles, goals and leadership to this; whether or not it has an HIT implication is sort of separate. The next I have is Sumit.

**Sumit Nagpal – President & Chief Executive Officer – Alere Accountable Care Solutions**

Hi. So the only other important concept that I'd like to raise here is as we start talking about coordination that goes well beyond traditional boundaries in exchanging healthcare data, I think we also need to address the privacy and consent topics that arise pretty much immediately. As we've been implementing similar models in a small number of communities, we're faced with, well why should a social care worker have access to this and what are they allowed to have access to and what can they actually contribute into a record, paramedics, folks who show up in ambulances and so on, what privileges to they have to access information; those all become really important considerations and so I think somewhere, security/privacy needs to be addressed.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Excellent point, probably can be under number 2, but we certainly don't want to lose it. And by the way, one of the ways we are working with our sister workgroups, so as you know, we have a Privacy & Security, and you might even be on that, that we identify the issue, like you said, both information exchange especially in the context of small groups, small enti...small communities have that as a bigger issue and so we would point that out to the Privacy & Security Workgroup. But we don't want to forget it, thank you. Lisa Marsch?

**Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College**

Yes, hi. Thanks for this overview. I wonder if we want to think about the model over time a little bit as well in how this is presented. Some recognition of ongoing evaluation of the model and then iterating and refining the model as community needs change over time or we learn what works and what doesn't, we have changing legislation or payer systems or regulatory considerations, etcetera. So, maybe some sort of temporal dimension to this as well to reflect evolution over time might be helpful.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Um hmm. That would fit in with the learning health system, great. Norma?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Hi, thank you. What I'm missing is we talk...we immediately kind of go to the providers and to...as leaders. If we could somehow keep in mind that this starts with patients or people and that may not be in concert with what providers see or the way things are organized. And so I don't know quite how to make sure that that's in there. In the next slides we say we start from home, I don't know if that means we start from the individuals where they are, but so much of coordination of care is around what the patients and the families need and sometimes when we even move to population studies, we sort of again lose sight of that individual and family that we really have to provide interventions for. Thank you.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Good point. Don't know whether you heard my first comment, which was to try to de-medicalize this, so wanted to move measures that matter to individuals and I think your contribution, individuals, families and communities is a good one. And then it's coordinated health activities so that we really again try to get outside the medical model viewpoint. But...

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

How do we make sure that that's there? Because we so often then slip back, is that really the first part of this? I just don't want to lose it because I think frequently we do.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

I'm going to be one of your primary advocates, Norma, to make sure we don't.

**Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health**

Yeah.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

So, it'll be in the description of what each of these domains means...

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah. So that's why I'm trying to strike out care from this from the very beginning.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Okay, I like that...okay, all right.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Next is Terry O'Malley.

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Yeah, hi; agree with the previous comments and I'd just like to expand a little bit on what we mean by spanning the continuum and just to make sure that it includes any sort of provider of services that gives value to the individual or their caretaker.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

That's exactly what it means.

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Good, good, because that way we won't limit it just to the medical pieces.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Right.

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

One of the challenges is going to be just how far out does that orbit extend; does it extend to vocational education? Does it extend to the courts? Does it extend to criminal justice system? I mean, there are a lot of service providers that do provide value that are not anywhere considered as traditional “healthcare” or “health providers.” So we may have to have a boundary discussion, where does this end?

**Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health**

Yeah. Paul, can I add something real there?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Sure, absolutely. Yeah.

**Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health**

Yeah, so this is Joe. So I think a part of that is, and I think as we discuss these four domains, knowing that our output is going to be around health IT policies, I think those discussions about articulating the context and the boundaries are important because that will set the context of the policy recommendations. So I do agree with that last comment that’s saying, let’s define these because if it’s too broad, then sometimes the policy recommendations don’t make as much sense. So, I agree with we need to tighten these up and get them defined.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

I agree with that, too. I mean the tension is broad things don’t really ever get done, so got to be careful.

**Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health**

Right.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

May I interject one possibility, we deliberately instead of calling this accountable care organizations broaden it to accountable care communities because of our belief in the whole...the holistic view of health. Maybe we should actually call this activity, like we have in our workgroup name, it’s accountable...advanced health models, maybe we call this accountable health communities.

**Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health**

Yeah, so we had that, I think it was in JAMA, right, that came out this week?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah.

**Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health**

There was a letter around accountable health communities, so, I like the term.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay, next...

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

I do, too.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay, thank you. Next is Amy Zimmerman.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Yeah, actually I was going to pipe in with a bunch of things that were already said, but to the last comment, I agree. Every time I look at this, I sort of forget the community and think about an ACO and I...

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Right.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

I think what we want to get it is much broader than that because the data needs and the health IT implications for an ACO are way narrower and much more different. I agree we need to balance how broad we're going to go on this or we're going to become completely ineffective. And I was going to comment before and then I raised my hand and then lowered it and then raised it that I see patient engagement or the individual in that third part, but I agree that we need to sort of really think about where do we...what are our goals and objectives and measures and let that drive other things, otherwise we can end up spinning our wheels in circles. So, most of what I was going to say was previously said.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Well good, thank you. Okay Mark, you have the last question and then we have to move on.

**Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families**

Yeah, to the earlier point about non-traditional providers and boundaries, foster care might provide a good model for thinking that through. It reaches out to a broader range of providers, but it's still got some boundaries.

**M**

Interesting.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Joe, may I suggest something? You have a couple of examples under care coordination, I think we've sort of already sort of tried to move away from "care coordination" and there's a lot of medical term...would you...and time is what I'm thinking about. Would you mind if we skipped over that example?

**Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health**

Absolutely, I think we've had the discussion.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah, that's wonderful. Okay, could we skip forward two slides, please, and it will probably be the third...and one more, please. So if you look at the hearing, you can see from this discussion and it is a wonderful discussion and I'd like the consensus around thinking more broadly. I think we're identifying something that hasn't been discussed as much, certainly in the Policy Committee, and in a different flavor from what's been done by NCVHS; so we want to build and not repeat.

So what we thought about is our goal is to how do you think of these accountable health communities? Who are the stakeholders and the players that are broader without getting to the world? And then how do we support that with the information they need? Yes, health information technology is one of the ways to get the information around, but how...I think our concentration is, first, what's the information, what information do you even have to capture? A lot of that isn't captured right now, certainly not in the places that it needs to be and then how do we use technology to get that to the places where it needs to be while protecting privacy and security?

So that's in a sense what that draft purpose statement is with the goals being to sort of one, start from where...find a way, remember we talked about the best of the best, find a way to really summarize what's already been done and so we can start there instead of sort of repeating some of the activities that have gone on before. Take advantage of that and then start looking for exemplars that can teach us about how do you look at a whole community and how do you look at individual and family health not just "patients?" So that's a really different viewpoint, I think, and it's a really good one for this group to tackle as we move towards, in our namesake, advanced health models.

And from that, from the lessons we glean from these exemplars, both in the way of thinking and some of the ideas that they have and some of the things they've already tried and what works, how do we provide recommendations back to HHS about moving the HIT infrastructure and systems in that direction? How does that capture it? And Joe, how does that...how do you feel about that?

**Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health**

Yeah, no, so...this is Joe; so, I think and in the context of the discussion we had reversing some of the order of things, I think as we dive into these discussions to try to explore, I think we run the risk of over...diving really deep into certain areas, but leaving other areas pretty lean. And to try to create that structure to be sure we're covering the big domains, making sure that we're exploring some of the best of the best around thinking of the measures that are driving a lot of the change, the actual content and the workflow of how care coordination or health coordination is happening across those spectrums, thinking about the information, folks that are really exchanging information in a progressive and future minded way. And finally, those folks that may be struggling in all three of the other domains, but are

functioning within an advanced financial model, trying to be sure we keep those four big buckets in front of us as we explore these things.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah. Let me give people time to digest this a bit and open for comment. One example that Charlene Underwood provided, because she couldn't attend this call, is the Blue Zones Project. These are ways of thinking differently when you discover hey, some communities just have a whole lot more...they're residents live a whole lot longer, happier lives and why is that; sort of learning from that. Amy?

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Yeah, I'm struggle...I'm sort of in my mind as we talk about this, struggling with sort of how to incorporate a broader view of health and care coordination and continuum so social determinants of health at the individual level and then how to roll that up at the community...public health level, because each one of those in and of themselves could be an entire session. So I'm just sort of putting out there my own sort of struggle as I think through in terms of how to suggest we do that if...how are we...are we going to sort of start individual and build up to community? Do we want to start with community and drill down to what that means for the individual? Because obviously it's...what you get at the individual level rolls up to the community and what you want to do with the community, then you have to implement and roll down to the individual. And I'm sort of struggling in my mind, and I just wanted to put that out, if people have suggestions or ideas because it feels like an awful lot to be covering, even if we bound it in certain ways.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Let me offer one response and then it may trigger off other people's thoughts. I think, Amy brings up an excellent point and I think one of the reasons that there is such a disparity between individual health and community population health is limited by the tools we've had in the past. So the population health tools we've had are surveys, etcetera rather than, and we didn't really have access to individual health data, i.e. like in EHRs. One example of this is sort of your perceived health status, poor through excellent turns out to be a very good characterization of an individual's health in their downstream utilization of healthcare services.

So that simple question is very revealing about individuals and you can actually roll that up to communities. I guess my suggestion is, we may not have looked at population health because of the limitation of tools in the past, the way we can today, so maybe that's one response and it will trigger off some other people's responses. Ginny is next.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson Provider Technologies**

Okay, thanks Paul. So I was actually thinking along a little bit of the same lines that you just mentioned as well as what Amy said, looking at the draft purpose statement, it seems to really stress the improvement of coordination of care and I'm thinking that we're really more talking about improving the health of the patients through tools, like coordination of care. So, I'm thinking...

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah.

**Ginny Meadows, RN – Executive Director – Program Office – McKesson Provider Technologies**

...the emphasis might be a little bit off on that draft purpose, because it would help us then, I think, really think about what we want to hone into as our objectives and goals.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Excellent point. What's nice about when we move it to the community level, all of a sudden you have community levers that we as individual providers working one person at a time never took advantage of or is yet those potentially the most powerful. Mark?

**Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families**

Thanks, Paul. What strikes me is that the answers to some of these questions, in my experience, depends on who we're asking. So we ask individuals what their health goals are and they might articulate them in quite different ways than would be articulated in a clinical setting. The way the individual answers some of these questions might be different than the way a community health leader might answer them and I think for a hearing it would be interesting to be open to the different perspectives that come in and not to think that there's only one answer, but to gather that information and figure out then how to weave it together. I don't have a preconceived notion about that, but I think just to repeat, I think who we're asking and what their sort of perspective is will shape the framework they give back to us.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

That's a good point and is related to earlier, too. Terry O'Malley?

**Terrence "Terry" O'Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Hi, Terry O'Malley; so I'll take the counterpoint and that is that I think you do have to build it from the individual and their caretakers out. I think A) that's where you have the most variability, it's where the range of possibilities is the broadest, where the information that we want to collect may be much more granular. So, I think in order to capture the specificity for each individual, we're going to need to have a very elaborate and granular vocabulary to identify what's going on for the individual.

The next step up is to roll some of that up onto the population level. And what that means we have to do is to identify the issues at the population level that we need to have the data for. And in turn, it's sort of an iterative process, you go then back down to the most granular level; make sure you're collecting the stuff you need at the population level. But in my mind it starts around the care of the individual and their caretaker rather than at the population and driving back.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Joe?

**Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health**

Yeah, no, I'm just reflecting on the two previous comments. I do agree, I think that having in our hearing, having the perspective of the individual person and their caretakers ranging up through sort of however

fragmented it is, the delivery system concepts, all the way up to the entire community. I think by listening to those viewpoints and as was noted, trying to weave it together in a coherent way that allows us to ground our policy recommendations, I think is going to be important.

And I think, can't we arrive at some balance between the...which may be down at the level of individual patient and the caretaker, where there will be many, many, many enabling things that I think we will identify. But if that's all where we focus on, I do fear that we're going to miss an opportunity to move the ball forward and I think we talked about that earlier, too of saying, there are many places we could go, what's the first best place to see where we can push.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Um hmm. Good. Amy?

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Yeah, so I kind of started the conversation so let me loop back a little bit. So, in hearing the discussion, I mean I do agree that different perspectives would be great. When you think about public health and a Director of Health or a Department of Health, they're looking at community needs broadly, I mean, they're looking at the data they have and we may have better tools, but their approach and strategies for different communities or different areas are going to be based on those very specific needs and sort of targeting of resources to the biggest problem, which at an individual level may be very different depending on how you get an individual and caretaker to answer the question.

So, how...I mean, I think listening to all perspectives is important going from individual and caretaker all the way up to a public health agency. How we bridge those though I think is going to be the real difficult part because again, you're going to have some targeting. I don't know if we can get things this generic, but that I think will be our challenge in structuring this.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Um hmm.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

I just want to make sure I'm thinking on the right track again.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

No, the challenge is there. Lisa?

**Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College**

Hi, yes, thanks, Lisa Marsch. This is a great discussion and I just want to toss out an additional idea which is, as we talk about and think about accountable health communities, I think as we're talking about it, it's important to think about how to facilitate community coordination in the way we're discussing. But I think it's also important to think about how to bound it, how to sort of put boundaries on some of these community coordination efforts.

I think that it goes back to what we were talking about earlier about what individual's preferences and priorities are and we might find that individuals don't want a broad array of community systems and stakeholders in which they interact to focus on sharing data about their health. So I think it goes back to privacy/security considerations that intersect with our sister committee on privacy and security and just making sure that there's some control over that sharing in a way that's again, responsive to community and individual priorities.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Thank you. Art?

**Arthur Davidson, MD, MSPH – Director – Denver Public Health Department**

Yes. There was an earlier comment about changing the purpose statement to be more focused on improving health so I want to echo that, I agree that that's a good place to start. But then that last piece of that clause, with care coordination might be one piece, but this recent discussion pushes me to think that we should be more explicit about how community affects health in this purpose statement and the areas where at the community level you can affect health around policies, around environment and around systems. So it seems like that that purpose statement should be broadened to take the emphasis...to include, not to exclude care coordination, but to focus as well on those community assets.

I think that if we don't declare that up front, we run the risk of this last comment about not sharing your data across the community, I'm not trying to share any data which would expose PHI to even the paramedic who's taking care of somebody or the social worker as mentioned earlier. But to drive policy change, you need to be able to analyze the data to say, these are communities that have less assets and that we would be able to then look at the findings from the IOM's social determinants studies and say, here's a way for us to be inclusive of those through an analysis of data that points to deficits in health based on policy, environment and systems.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

I think that's well said Art. So I think what we're talking away, the two comments on purpose; one is, it really is about understanding, we start with people don't understand, either we as individuals or we as communities, what our current health status is and then understanding how to improve it and what are the levers. And what you're also adding to that is, this is a systems problem, not an individual "care," so it's not just a coordination of individual activities called care, it's really how do we operate, how do we empower these systems to understand and improve their own health. These are excellent comments, thanks everyone. Joe?

**Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health**

To that final point, too; I think there is that differentiation between as we talk about policies and the security policies around information exchange, at the level of operational exchange of information or improving health directly as opposed to strategic information exchange and aggregation for planning purposes, I do think there are some distinctions there we can begin to explore as well.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Well, I really appreciate the rich discussion we've had on this group. We're populated with people with different perspectives and just hear the value of bringing all those to bear on this really this new way of looking at things; so, I'm really excited about the hearing. Next slide, please.

So here are some approaches that ONC staff, Joe and I were thinking about but everything is open for edit and feedback. So one is to think about, gosh, this isn't the common way people look at health, either at the individual level, the provider level or the community level, can we go out and find communities that have done either a nice integrated, comprehensive job or at least in one of these pillars, one of these domains, everything from measuring the right thing, taking what you know and then acting on it using all the levers available to you as a community, including public agencies.

How can we find those witnesses, panelists that can enlighten us on what can work in some of these ideas? And then what we would try to do is try to glean as much of the best practices and...or even areas that need further work such as measurement just to pick on one and as we formulate recommendations to the department. In a nutshell that's sort of what these bullets say. I'm going to open it up for people's thoughts.

As I think about it, it's something I'll discuss with ONC staff whether we have...one of the styles we've had in past hearings is one, to have a full-day hearing and then have a half-day morning following that, so that the workgroup can get together, digest what they...slept on what they heard the day before and then quickly put together what are the findings we have, what are the conclusions and what are the actionable recommendations that we can make. And that does a couple of things, one it juxtaposes this whole deliberation process next to the primary data source and two, it just from a timeliness point of view, gets this work out much more quickly. But, we'll see if we have the resources for that.

So I've been trying to stall a bit to give people time to think about your reactions to putting together essentially exemplars as a teaching mechanism for us to learn what...how some of these ideas have worked out in the field. Steven?

**Steven H. Brown, MD, MS – Director, Compensation and Pension Exam Program (CPEP) – Veterans Health Administration**

Yeah, I would just wonder if we want to add to the list sort of using the individual, are there examples where individuals have actually been closely involved in the coordination...the information transfer for their coordination of care. I'm specifically thinking about making, through portals and such, making data available or mobile applications that patient's actually become the sort of agency for moving information and coordination. Because this all seems to be at sort of a higher organizational level and I'm wondering where the sort of individual role fits into this.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

That's a good point. I think it's every person for themselves in the current state are the people who do it well. We, of course, just like safety, want to build system...

**Steven H. Brown, MD, MS – Director, Compensation and Pension Exam Program (CPEP) – Veterans Health Administration**

Well, I'm just thinking about sort of there are also some simple things like the Blue Button solutions and where...I'm not suggesting that's the best or sole way, but it is one important function of empowering individuals to have possession of their own information that they can also use to help coordinate care individually or as caregivers.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Right. Norma?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Hi, are you looking for like nominations of places that might be good? I'm thinking in Milwaukee, Wisconsin where there's a rather significant Silver Spring Neighborhood Center that includes health, it includes housing, it includes pre-school, it includes health, it includes this, I think you probably heard the food grow...growing food out of the Milwaukee, the man who had the MacArthur Award to start. And so it's an attempt to try to put together a whole lot of pieces, but they're very short on electronic systems. There's been no support to develop these in terms of data that might be useful. So, are you looking for examples like this, of people who might share how far they got and where they need to go?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

I think, yes we are. I think that obviously the "ideal" candidate would be a group that has thought about this broadly and has done some experiment and has results; that would be ideal. So it sounds like the community you described has some ideas, it's done some action, hasn't used HIT and doesn't necessarily have results yet, is that a fair assessment?

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Well, they have individual results, I mean, that's why they get these food programs supported. But it's almost always going out to get the next grant of the next something and not be necessarily be able to be a regular part of what we might call health accountability. But you wouldn't want to pass up some of those, because even with these other systems, you eventually get back to where are people housed, how do they eat, where do they get their food and that kind of thing. So, that's why I was asking.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yes, this is the point where we're trying to gather suggestions, and obviously people don't have to have them now, we have time before the hearing. So, a suggestion plus the annotation like Norma just did, what have they done, what have they accomplished, what's their current state, that kind of stuff is helpful as we sort of sort through potential witnesses. So yes, we're looking for that, you can voice it now and certainly follow up later.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Thank you.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Sumit?

**Sumit Nagpal – President & Chief Executive Officer – Alere Accountable Care Solutions**

So we've got some very interesting examples as we've been rolling out our chronic condition management program.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

We being who now, which we?

**Sumit Nagpal – President & Chief Executive Officer – Alere Accountable Care Solutions**

My company, Alere, now called Lumira and we've done some studies both in the San Diego region, for example, in Massachusetts a project...a pilot project that's underway in Leeds, UK where we've built communities of collaborating care teams engaged with social care, engaged with what we like to describe as personal and social collaborative networks.

So an example of what we've done in San Diego is involved personal influencers in helping patients with chronic conditions, individuals with chronic conditions, actually work on changing behavior and become self-determining over time with the health, not just of their care team, not just through visits to their doctors, but actually friends, family, key influencers, turf leaders, soccer coach, etcetera who then wind up helping them become much more self-determining.

And some of those examples are now...we've got real data of what types of networks this kind of social involvement produces and we've got real data on meaningful improvement in individual behavior around compliance, around adherence, around weight loss, around management of diabetes. So we'd be real happy to share some of that.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

That would be great. If you give us some examples of the communities and an indication of what they've accomplished and the methods, that would be great. We'll just put this on the list and we'll all review later. Thank you.

**Sumit Nagpal – President & Chief Executive Officer – Alere Accountable Care Solutions**

Awesome.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Mike?

**Michael H. Zaroukian, MD, PhD, FACP, FHIMSS – Vice President & Chief Medical Information Officer – Sparrow Health System**

Yeah, so thanks. So the last two comments resonate with something I've been thinking which is, the suggestions on the slide are all great, the think that I'd be really interested in as a primary care physician as well is the two different ways people connect; one is through the community approach which then may evolve into the primary care provider or other providers in the system and so on, so how people

grew from community-based health support to total community, including the healthcare profession. And the other way would be from the physician-patient relationship recognizing the need and benefit for greater community resource utilization, identification, etcetera, etcetera and growing from that perspective.

So, my perspective on this is that it would be great to have speakers who can describe how they crossed that stream, how they covered that gap between one and the other. So Norma's comment about all the great work that's happening in the community is fabulous, either the barriers to or the progress they made in being able to connect across the rest of that community of care would be an excellent exemplar to be able to show.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Good point. Next is Amy.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Yeah, I think I mentioned this last time but, I was thinking of Health Leads as an exemplar. They're working, at least in Rhode Island, they're working in a hospital setting, they're working with providers and they're connecting individuals, mostly focused on low income, but a whole host of social programs and scenarios through prescriptions and other means. I don't know...and I know a while ago I met with them locally and they were really struggling around HIT, how do they connect with the health information exchange, and what could they do. But I haven't met with them of late, our local program, but I mean I know they've got a bunch of communities; I think they would be great at addressing the issues. So from a sort of individual and connecting the individual and local care outside to the social service world, I think they might be able to do that.

I'm also wondering whether, and I don't have the answers here, but there are...I think there are some states or communities that have Medicaid waivers where they're able to go ahead and pay for certain things. It might be a conversation with CMS to see who would be good to address helping to pay for things out of the traditional medical care around this. I was in a meeting yesterday and someone was giving an example where they were able to buy someone a sleeping bag and significantly reduce, a homeless person significantly reduce their admissions to the ED because they were going to ED to stay warm and sleep in the ED.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah, yeah.

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Things like that, so some Medicaid waiver type states, I just don't know...I can try to talk to my colleagues, but I don't know who they may be. And then on the public health side if we're sort of...I'm going from individual again to community, either through ASTHO or RWJ or the Public Health Informatics Institute, I think it would be important.

And again, I'll talk to some colleagues and see what's going on and think about even what's going on in our own state, but to really think about sort of at that highest level of community, the approach is going

to be somewhat different working top down from bottom up and trying to bring those together and meld them. So some discussion about how what a community does to look at their needs broadly and then how do they translate that down a little bit I think would give us both perspectives. But again, I need to do a little more work and talking to folks to think about that.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Excellent suggestion. Managing time, I have four people on the list, if I could ask them to all be brief and the other thing, give Michelle a heads up or Sam is, it sounds like we may need the call that we were going to cancel, so, just be thinking about whether, I don't remember whether we have another call scheduled in December, but we may need a follow up of this conversation because it's been so really rich. Next on the list is Lisa.

**Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College**

Yes, hi, Lisa Marsch, thanks. So it sounds like we have some great suggestions but I'll just toss out one more suggestion in case it's helpful. My colleague here at Dartmouth College, Elliott Fisher, who heads up our Dartmouth Institute for Health Policy and Clinical Practice has set up, and some of you may know this, a national network of ACOs and a learning community and learning collaborative of ACOs and has hundreds of accountable care organizations, but also some that are doing really creative models in communities all over the country. And if it's helpful, I could ask them to nominate some that seem particularly exemplary and/or we could put out a call or something to that large network. I don't know if that's appropriate in this context, but if we need additional suggestions, I can surely loop him in and we can get some additional representation if you'd like.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

I think that would be very helpful, because obviously...

**Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College**

Okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

...he has access to a lot of community, so brief him on what we've been talking about, that would be wonderful.

**Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College**

I will and just so I know what we're asking for those that might be selected, they would then be asked to participate in some kind of in-person forum around this, is that right?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

It would be a hearing actually, so they come and yeah, they'd be on the panel.

**Lisa A. Marsch, PhD – Director, Center for Technology and Behavioral Health – Dartmouth College**

A hearing, yes, okay. Sure, I will do that and follow up.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Thanks Lisa. Terry?

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

Hi, Terry O’Malley. Just flip it back to the patient, the individual and the caretaker, because we’ve heard a lot about big organizations and their approach to managing health care. There was a session about 6 weeks ago with ONC and the administration on...

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Right.

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

...community living, so I just refer to that because there are a bunch of leads, particularly around articulating the values and wishes of the individual; the folks from Ohio stand out, I just don’t have their exact reference.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

ONC has them, because they were co-sponsor, so thank you.

**Terrence “Terry” O’Malley, MD – Medical Director for Non-Acute Care Services, Partners HealthCare System – Massachusetts General Hospital**

There we go. Okay.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

We’ll definitely refer to that one. Marty Fattig?

**Marty Fattig, MHA – Chief Executive Officer – Nemaha County Hospital Auburn, Nebraska (NCHNET)**

Thank you, Marty Fattig. I would just like to include someone that is doing a good job with collaborative efforts in rural communities. Rural tends to redefine community because our patients travel great distances to receive care, regardless of what that might be, whether it be physical, mental or otherwise and so if we could have someone that’s doing a good job with rural, I’d appreciate it. Thank you.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Super, and you’ll help us.

**Marty Fattig, MHA – Chief Executive Officer – Nemaha County Hospital Auburn, Nebraska (NCHNET)**

Yes, I have a person I think could do that for us.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Great, thanks Marty. Mark?

**Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families**

Thanks Paul, Mark Savage. Synthesizing some of the previous comments, I think we need someone who can speak to the range of individual needs and perspective including the fact that any one individual might belong to multiple health communities. So it doesn't have to be an individual patient, but somebody who's done some looking at that as an issue and thought about how we design for that, for the multiplicity of individual needs in communities.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Good point. If you have suggestions, that would be appreciated.

**Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families**

Okay. I do.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

And final comment, Neal Patterson.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

Yeah Paul, thanks. Hey, we've got a number of clients that are just doing some extraordinary things including the Southcentral Foundation in Alaska with their Nuka system. So, we'll...

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Right.

**Neal Patterson, MBA – Chairman of the Board and Chief Executive Officer – Cerner Corporation**

So, we'll submit some thoughts to you in writing so you're going to have an abundance to choose from. Thanks for...

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

So closing on that comment, this has been an exceptional discussion, I hope you're as excited as I am just about the thought of going into this new health model and the kind of richness we're looking at for this hearing. Let me check now with Sam, do we have another call that we can dedicate to...we'll have collected all these names, we'll go through them on a call, try to pick some and then try to make progress towards the invitation to the hearing. Do we have another call we could do that, Sam?

**Samantha Meklir, MPAff – Senior Policy Advisor, Office of Policy – Office of the National Coordinator for Health Information Technology**

I do believe...

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Paul, this is Michelle, I'm sorry, Sam, I just want to answer that. Paul, we recommend that if we do have another call that we make it an administrative call...

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

...so that we can talk about people and...on a...call.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Got it. Okay.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

And especially because people had a lot of suggestions, we can gather those suggestions and then talk about them offline.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Super. Thank you.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

But if there is a time designated, then we'll just switch and make it an administrative call.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay.

**Samantha Meklir, MPAff – Senior Policy Advisor, Office of Policy – Office of the National Coordinator for Health Information Technology**

And did we want to just identify the process for folks to follow up by way of email? Did you want to receive that Paul or would you prefer that to come to me and Alex at this time to collect that information?

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Yeah...to you.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Yeah, so we'll send a follow up email with Alex and Sam's contact information.

**Samantha Meklir, MPAff – Senior Policy Advisor, Office of Policy – Office of the National Coordinator for Health Information Technology**

Thank you.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Great. And Michelle, do you want to talk later about whether we can have a day and a half or do you think that's feasible?

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

We'll have to figure that out.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Right. Okay what I'm trying to do is squeeze in...so Joe, any final comments before we open to public comment?

**Joe Kimura, MD, MPH – Deputy Chief Medical Officer – Atrius Health**

I think this has been a fabulous discussion and so I too share the enthusiasm and the excitement of what we can learn and what we can advance.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay. Any other comments from the group? Okay, can we open up to public comment, please?

**Public Comment**

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Operator, can you please open the lines?

**Lonnie Moore – Meetings Coordinator – Altarum Institute**

If you are listening via your computer speakers, you may dial 1-877-705-2976 and press \*1 to be placed in the comment queue. If you are on the phone and would like to make a public comment, please press \*1 at this time.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

We have no public comment. So Paul, we'll work offline, but the next meeting that is on the calendar is January 23, so, we can figure out when we can have an administrative call sooner than that.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay. Is the group open to that?

**Amy Zimmerman, MPH – State HIT Coordinator – Rhode Island Department of Health & Human Services**

Yup.

**Mark Savage, JD – Director of Health IT Policy & Programs – National Partnership for Women & Families**

Sounds fine, this is Mark.

**Norma Lang, PhD, RN, FAAN, FRCN – Professor of Health Care Quality and Informatics – University of Wisconsin**

Yes.

**Paul Tang, MD, MS – Vice President, Chief Innovation and Technology Officer – Palo Alto Medical Foundation**

Okay. Well thanks again for one, participating, two, really for a very robust discussion, very rich. Sounds like there's a lot of enthusiasm for this idea and I think we're plowing some new grounds and going in a direction that's very helpful and constructive for the country. So thank you and we will schedule another time before the end of the year. Thanks everyone.

**Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology**

Thanks everyone.

**Public Comment Received During the Meeting**

1. Rephrasing #1 to "Community Coordinated Care..." might help with concern about being too provider-centered
2. Rephrasing #2 to "Secure information exchange..." may help with concern about security not being emphasized enough (slide 4 for both comments)